(c) During the last three years, NPPA has detected 325 number of overcharging cases involving overcharging amount of Rs. 1368.06 crore (upto 31st October 2009). In all those cases, companies have been issued Demand Notice where ever applicable to recover the overcharged amount along with interest. As a result, Rs.78.88 crore have been recovered from various companies.

(d) Life saving drugs are not defined in the Drugs (Price Control) Order, 1995. NPPA monitors the availability of the drugs in the country through State Drugs Control Administration. Wherever required, NPPA takes remedial steps for ensuring availability of drugs by impressing upon the manufacturers to rush the stocks to the places of shortage.

Family planning as priority area

2094. SHRI Y.P. TRIVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons for changing the name of Ministry of Family Planning into "Family Welfare";

(b) whether Government considered that the family planning should have utmost priority in our Five Year Plans; and

(c) whether Government is considering two children family as a mandatory requirement for obtaining various Government grants?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) The Family Planning Programme upto 1970's was focussed mainly on terminal methods and the programme received a setback due to the rigid implementation of a target based approach. To approach the issue afresh, it was decided to enable a couple to adopt the family planning methods, voluntarily, best suited to them according to their choice, without any compulsion. To reflect this shift in focus whereby the programme became voluntary in nature, the nomenclature became 'Family Welfare'.

(c) There is no such proposal under consideration.

Post of In-charge in CGHS dispensary

2095. SHRI ALI ANWAR ANSARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the post of the In-charge of the Central Government Health Scheme dispensary is substantiated or supernumerary;

(b) how many junior doctors are officiating as In-charges in Central Zone of Delhi and since when;

(c) the number of doctors who are senior to the junior officiating In-charges;

(d) whether these senior doctors are unfit to head the dispensaries;

(e) if not, the reasons for these senior doctors not being considered for heading the dispensaries;

(f) whether the same situation prevails in other zones of CGHS, Delhi; and

(g) whether there is any policy under which In-charges are appointed as per their Seniority?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (g) Senior most doctor posted in a dispensary is normally made Chief Medical Officer-in-charge (CMO-in-charge) of the dispensary. However, it is not mandatory for the senior most doctor in the dispensary to accept being made Chief Medical Officer in-charge. Some Medical Officer decided not to become CMO-in-charge on medical grounds. In two dispensaries, each in South Zone and Central Zone, comparatively junior Medical Officers are functioning as CMO-in-charges.

Regulatory authority for medical education

†2096. SHRI PRABHAT JHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government is considering to bring medical education under regulatory authority by closing various bodies associated to medical education;

(b) if so, the details thereof;

(c) whether Government admits that medical education needs to be developed to meet the health requirements; and

(d) if so, the steps being taken by Government to develop medical education?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) The Ministry has proposed to set up a National Council for Human Resources in Health (NCHRH) as a regulatory body for health sector to reform the current framework and enhance supply of skilled personnel. A Task Force was setup to workout the modalities of setting up the regulatory body to coordinate among various councils.

The Task Force has *inter alia* recommended creation of regulatory body in the field medical and paramedical education to achieve the objective of enhancing the supply of skilled human resources in the health sector by bringing in the required reforms in the regulatory framework. Comments and suggestions have been sought from State Governments and other stakeholders on the recommendations of the Task Force.

(c) and (d) Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), the Central Government has decided to set up six AIIMS like institutions in under served-States and also to upgrade 13 existing Government Medical College/Institutions in ten States.

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†Original notice of the question was received in Hindi.